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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION

2 09/4/16

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: New Life Fan	nily Ministries Ocala, Inc.							
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)							
Enclosed is an original a	nd one (1) copy of the Art	icles of incorporation and	a check for :					
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate					
		ADDITIONAL COPY REQUIRED						
FROM:	Royal McKinney							
	Name (Printed or typed)							
	PO Box 3245							
		Address	-					
	Ocala FI 34478							

352-622-5513

newlifefamilyministriesocala@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

. In compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME New Life Family Ministries Ocala, Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address: Mailing address, if different is: 1111 NE 17th Road PO Box 3245 Ocala, FL 34470 Ocala, FL 34478 ARTICLE III PURPOSE a) establishing and maintaining a place of worship to/for our Heavenly Father, The purpose for which the corporation is organized is: the Almighty God, and His Glorified Son, our Lord Jesus Christ, through the inspiration of the Holy Spirit; and conducting services in the church, home, hospital, or school; and b) for the advancement of Christian religious, charitable, education, and any other related or corresponding charitable purposes by the distribution of its funds for such purposes. c) above all, to assume our role in the promoting of the Gospel of Jesus Christ through the reaching, training, ordaining and maturing of individuals for Christian service. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: appointed by elders ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Royal McKinney, DP Debra McKinney, DT Name and Title: 3122 NE 10th St. 3122 NE 10th St. Address Address: Ocala, FL 34470 Ocala, FL 34470 Sharon K. Barboza, DS Name and Title: Name and Title: 1602D W Gleneagles Rd. Address Address: Ocala, FL 34472 Name and Title: Name and Title: Address _____ Address:

Name and Title:_		Name and Title:		
Address _		Address:		
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Name and Title		Name and Title		
		Name and Title:		
Address		Address:		
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ADDIOLD LO	DUCKERDO CO ACCOME			
	REGISTERED AGENT prida street address (P.O. Box NOT acce	ptable) of the registered agent is:		
Name:	Debra McKinney			2
Address:	3122 NE 10th St.		र्क ४	11S16 0350
	Ocala, FL 34470		SEP -	RETAL
			φ.	
	INCORPORATOR dress of the Incorporator is:	·	PH	중유 미 요.s
	Royal McKinney		2։ 3կ	RATI
Name: Address:	3122 NE 10th St.		<u> </u>	LED Y OF STATE CORPORATIONS
Address.	Ocala, FL 34470			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if	other than the date of filing:		in.car	dove
after the filing.)	ate is listed, the date must be specific an	id cannot be more than five business days prior or 50 b	usilless	days
	inserted in this block does not meet the ap ive date on the Department of State's reco	oplicable statutory filing requirements, this date will not be ords.	listed a	s the
		of process for the above stated corporation at the place of the state	lesigna	ted in this
Nehr	Required Signature of Registered	Agent 9/a/	16	-
		ein are true. I am aware that any false information submitt	ed in a	document
io ine Depurimen	of State constitutes a third degree felony	$\alpha / \alpha 1$	160	
- Und	Required Signature of Incor	porator 7/2/1	W	_
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